Prevent Thresholds Review

Review to understand current Prevent thresholds for referral and intervention, managing current risks and meeting future threats

May 2025

Home Office

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Part 1: Executive summary

Introduction

1. The aim of Prevent is to stop people from becoming terrorists or supporting terrorism[1]. Following the attack in Southport in July 2024, it emerged that the perpetrator had been referred to Prevent but had not been considered suitable for Prevent intervention. A rapid Prevent Learning Review found there had been a high level of compliance with the policies in place at the time, but that there may have been an 'over-emphasis on the presence of ideology'[2].

2. It is appropriate that ideology is routinely considered when assessing risk and offering interventions as part of a programme to divert people from a path which could lead to terrorism. The definition of terrorism requires that "the use or threat of action" must pursue a specified objective, including being "made for the purpose of advancing a political, religious, racial or ideological cause"[3].

3. However, as new movements and subcultures emerge, any system which focuses on prevention and risk mitigation must cast its net wide and consider new potential threats. Prevent is threat agnostic which allows new threats, such as incels or other extreme misogynistic movements, to be considered. As noted in CONTEST 2023[4], these could, in certain circumstances, meet the definition of terrorism and research suggests they can overlap with terrorist ideologies.

4. Risk assessment, and indeed human behaviour, are highly individualised, and it takes time, trust, and expertise to exact a degree of confidence in identifying a person's motivations. This is why Prevent practitioners and frontline professionals are advised to 'consider whether they believe the person they are concerned about may be on a pathway that could lead to terrorism'[5]. They are also advised that "there may be times when the precise ideological driver is not clear. Yet, like any safeguarding mechanism, it is far better to receive referrals which turn out not to be of concern than for someone who genuinely needs support to be missed"[6].

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[1] Prevent duty guidance: Guidance for specified authorities in England and Wales

[2] Prevent learning review: Axel Muganwa Rudakubana (accessible) - GOV.UK

[3] Section 1, Terrorism Act 2000.

[4] CONTEST 2023

[5] Prevent duty guidance: Guidance for specified authorities in England and Wales

[6] Prevent duty guidance: Guidance for specified authorities in England and Wales

5. This review was commissioned to examine the thresholds for Prevent referrals and whether they are applied consistently across the Prevent system, to ensure support is offered to people identified as susceptible to radicalisation[7].

Current thresholds

6. Ultimately, the threshold for whether someone is suitable for Prevent is set out in section 36(3) of the Counter Terrorism and Security Act 2015:
(3) A chief officer of police or a local authority may refer an individual to a panel only if there are reasonable grounds to believe that the individual is vulnerable to being drawn into terrorism[8].

7. In practice, there are several stages, each requiring a decision, before this legal threshold can be considered. Prevent relies upon someone, usually a frontline professional, having a concern that a person may be 'vulnerable to being drawn into terrorism', submitting a referral to the police, and the police possessing sufficient information to have reasonable grounds to form a 'belief'. This review breaks down these stages and considers what affects decision-making, or the thresholds that need to be met, to proceed further.

8. Due to the complex nature of radicalisation, there are many factors which need to be considered. There is no single profile of a radicalised person, nor is there a single pathway to being radicalised. There are many factors which can, either alone or combined, lead someone to subscribe to terrorist or terrorism-supporting ideology. These factors often include exposure to radicalising influences, real and perceived grievances – which can be created or exacerbated by extremists – and a person's own susceptibility.

9. Susceptibility may be influenced by a person's vulnerabilities (for example if they need special care, support or protection because of age, disability, risk of abuse or neglect). Such factors may also affect the early intervention approach that is required to divert someone away from radicalisation. But for some, personal vulnerabilities may not be relevant.

10. Each case is unique and a range of considerations and factors should be taken into account to form a clearer picture. Therefore, there can be no rigid benchmark to meet the threshold for an initial referral.

11. However, the threshold for progression of a referral through the system becomes tighter as it moves through. Rigorous decision-making criteria, together with robust risk assessment tools and training, is essential for expert police practitioners to exercise

[7] Written statements - Written questions, answers and statements - UK Parliament

[8] Counter-Terrorism and Security Act 2015 (c. 6)

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informed professional judgement around whether a case should progress onwards to Channel or Police-Led Partnerships (PLP), or be referred out of Prevent for more appropriate forms of support.

12. This review explored six key Prevent decision-making points, or thresholds, where a person's suitability for Prevent support is considered:

    Threshold 1: 'Notice, check, share'

    Threshold 2: Counter-terrorism intelligence assessment and deconfliction

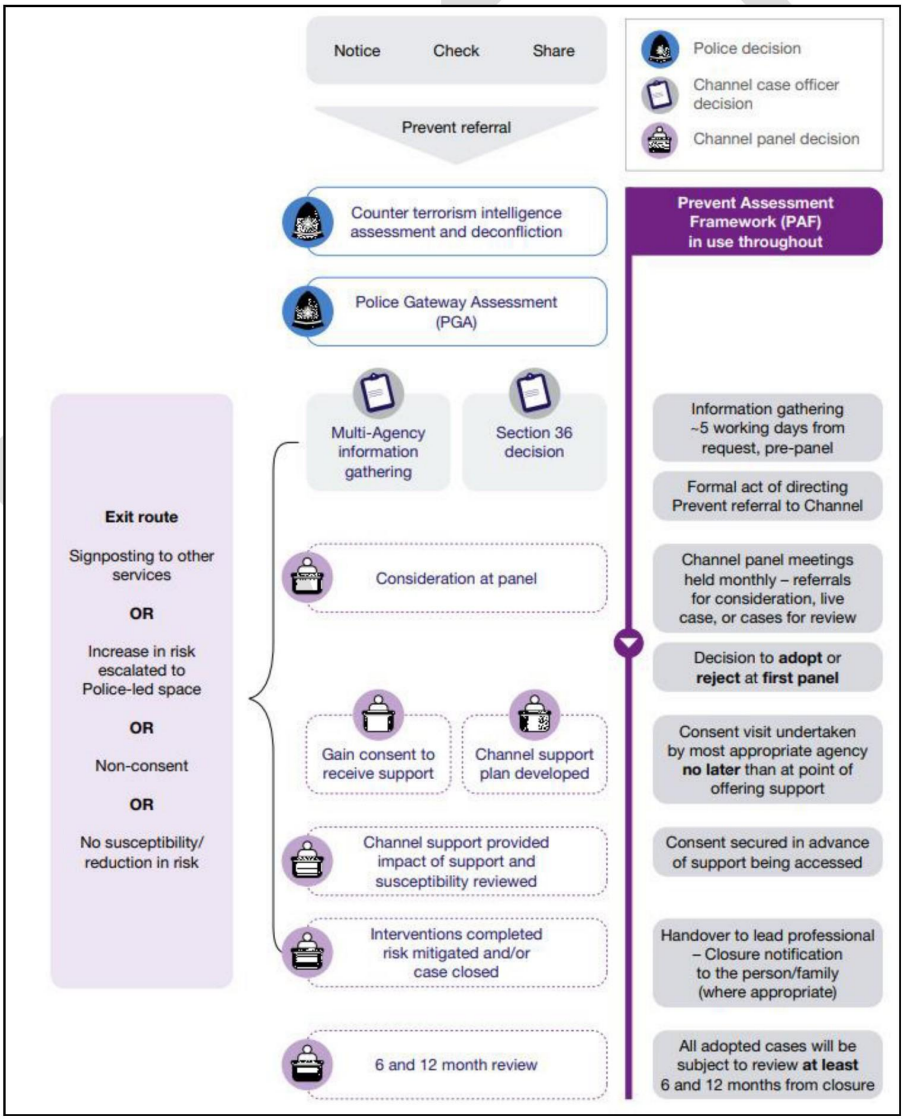
    Threshold 3: Prevent Gateway Assessment

    Threshold 4: Section 36 Decision

    Threshold 5: Channel acceptance

    Threshold 6: Channel panel closure

The diagram below sets out the Prevent referral process and key decision points.



13. This review collected written and oral (in the form of 17 focus groups) evidence, qualitative and quantitative data, and evidence from key delivery and strategic stakeholders, to determine how these thresholds are understood and what can impact them.

Key findings

14. This review found that Prevent thresholds were generally well understood by the Prevent practitioners who gave evidence to the review. Legislation, training, guidance and policies currently in place enable the Prevent system to identify and offer interventions to people who may be susceptible to radicalisation.

15. Practitioners were passionate and positive about the impact that their work in Prevent had, offering support to people who may otherwise have gone on to cause harm to themselves or others. Many individuals considered for Prevent support had complex needs and were in contact with other state services with different functions – a factor which sometimes affected decision-making. But no other public service has the same function as Prevent, which is to provide multi-agency terrorism risk management and support. This highlights the unique value of Prevent.

Mental ill-health

16. Mental ill-health was one of the most significant factors which could affect and potentially skew decision-making. Some practitioners and frontline professionals were more likely to dismiss or not consider Prevent referrals when mental health concerns were a factor. Practitioners need to be clear that Prevent should work with safeguarding and mental health services, as none of them will assess terrorism risk and consider both the harm from the person as well as to the person. It is particularly important that awareness of this is raised in the healthcare sector.

Ideology and no ideology

17. This review found that there may be too much focus, among practitioners, on the presence of a terrorist ideology. Ideology is an important consideration, and practitioners, especially those who make decisions on progressing referrals such as counter terrorism policing (CTP), should feel confident identifying it. However, as an early intervention programme, Prevent must consider *susceptibility* to terrorist ideology or involvement, rather than limiting Prevent to cases where a terrorist ideology has already taken hold. A person's individual circumstances, such as adoption of certain beliefs or behaviours, can be indicators of susceptibility. Similarly, there are movements and subcultures which have not yet met the terrorism definition but could evolve to do so. Frontline professionals and expert practitioners must be vigilant when the ideology is not clear and use their professional judgement, underpinned by the decision-making tools available to them, to consider whether someone could be on a

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pathway that could lead to terrorism.

Fascination with mass violence

18. Practitioners reported an overall increase in referrals to Prevent for violent, young men who present with no ideology, which has acutely accelerated since Southport. Some of these referrals may be due to the lack of other available and appropriate services where such high-risk individuals can be managed. In some instances, these individuals presented with diagnosed or perceived neurodivergence. Prevent's role in assessing and managing such cases has been examined in this review and recommendations proposed which address and highlight the complexities of managing such cases.

19. Some of these people could be considered at risk of being drawn into terrorism and so would be suitable for Prevent. A fascination with violence could be an indicator of susceptibility to terrorism, either before an ideology has been adopted or as a co-occurring interest.

20. Some of these cases would not be within Prevent's remit, with no reasonable belief that they could be drawn into terrorism. For some people, it can take time and the development of trust before this belief can be confirmed. Professional judgement is needed to determine whether there is value to progressing a referral for further exploration and potential support.

21. The review found that both professionals and practitioners were sometimes unsure whether to refer or progress individuals fascinated with mass violence if they did not see a clear 'traditional' extremist ideology. To tackle this, the review recommends that Prevent reiterates that a clear identifiable ideology is not mandatory to make or progress a Prevent referral. An individual can be considered for Prevent support if they do not appear to have an ideology but have an interest in committing extreme or mass violence. This could include those interested in school massacres, but also where violence is targeted at other settings or individuals and is not based on a specific ideological motivation. These cases are currently recorded on the Prevent case management system under 'fascination with extreme violence or mass casualty attacks'.

Identifying extremist ideologies

22. The review found that frontline staff were less confident at identifying Islamist extremist referrals compared to extreme right-wing threats or other ideologies. Most commonly, this was a result of: 1) a lack of knowledge and confidence in distinguishing strict interpretations of Islam from Islamist extremism; 2) effects of the local, national and international political landscape (e.g. community tensions and international conflicts); 3) concerns over potential damage to the relationship with the subject and/or to the referrer's reputation; and 4) the effects of vocal Prevent critics.

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23. While the presence of a clear ideology is not necessary for making a Prevent referral, referrers should feel empowered to recognise and understand ideologies when they are present. They should also be confident to submit a referral without prejudice when they have a concern that someone is at risk of radicalisation. To help practitioners and professionals make informed decisions, Prevent should consider how to increase the confidence of frontline staff, including by encouraging uptake of its face-to-face ideology training.

Prevent's reputation

24. While practitioners displayed confidence that Prevent was effective, they had concerns about wider public confidence and common misinformation about Prevent. Public discourse about Prevent could undermine its ability to identify people who need support, or whose risk needs to be managed. Frontline staff, such as teachers, social workers and healthcare workers may be hesitant to submit referrals to a programme which has, unfairly in practitioners' eyes, been described as 'failing' or discriminatory. If Prevent is to offer support, there must be confidence that referrals will lead to positive outcomes.

25. Many practitioners felt that the benefits of Prevent were often not clear to communities or the wider public. They felt Prevent was considered punitive and appealed for this myth to be dispelled. This is something which Prevent needs to address.

Prevent's core purpose

26. Risk assessment considerations are highly individualised, but they must be consistently underpinned by a clear purpose. Prevent aims to stop people from becoming terrorists or supporting terrorism. Practitioners reported mixed knowledge of the purpose of Prevent among some frontline staff, with some not being aware of it, and cases where Prevent referrals had been made to report racism or hate crime, rather than terrorism concerns. Some Prevent practitioners, when considering whether to submit a referral or giving advice on referrals, were considering the outcome, whether other safeguarding partners could lead, and the 'benefit' a Prevent referral would provide, rather than making decisions based upon whether a person could be at risk of radicalisation. Some indicated that they thought that ideological mentoring or multi-agency interventions are Prevent's primary offer. But there are times when other services are providing comprehensive support, and no further intervention is required by Prevent, except a regular risk assessment. Prevent's unique primary function should always be remembered: it is the only early intervention programme which offers multi-agency terrorism risk management.

Training and guidance

27. Prevent relies upon its practitioners and their professional judgement. It is vital that they are equipped with the tools and knowledge to make effective decisions. This review recommends that training and guidance is reviewed to ensure consistency and

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clarity. There is a need for Prevent policies and guidance to be communicated more effectively and made readily available via a central source that provides practitioners with consistent, clear and concise advice and support. This review also recommends that minimum operational standards are developed.

Expanding Prevent

28. Evidence heard in the focus groups indicated the capacity of practitioners impacts on thresholds. A shift in referrals following the Southport attack has put pressure on the system, straining the capacity available to give referral decisions the thorough consideration they need. The review found that many frontline professionals and expert practitioners are currently more risk averse and less confident, particularly for cases with no clear ideology. An increase in cases adopted onto Channel will also affect the resources of Prevent's multi-agency partners. The review makes recommendations to address this in the current system, but the impact of any possible expansion would need to be carefully explored.

29. Cross-Whitehall work to define the cohort fascinated with mass violence and its size is underway. In the interim, however, practitioners are concerned that, without effective definitions and clear working protocols, Prevent's ability to offer meaningful, effective interventions could be reduced.

30. If Prevent's remit were to be expanded by widening its current thresholds, the programme would need time and resources to embed new capabilities, clarify new thresholds and build capacity. A widened system would need significant investment to ensure the right people are given the right support.

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Part 2: Recommendations

Recommendation 1: Define the 'Key Principles of Prevent'

31. The review concluded that although the current Prevent thresholds are fit for purpose, there is a need to **set out the key principles of Prevent in a clear and concise way for frontline professionals and practitioners** applying the Prevent duty.

32. The most consistent themes in the evidence were a misunderstanding of the core purpose of Prevent, the thresholds that should be applied, and by whom. An overarching summary for all professionals applying the Prevent duty is required to refocus on Prevent's purpose, clarify the policy, define the responsibilities of practitioners, and dispel common misconceptions. It should be short, easily digestible and accessible to all frontline staff.

33. **These Key Principles should make clear what Prevent is and what it is not**. This will aid in addressing issues such as inappropriate referrals, pre-referral triaging, unclear responsibility for decision-making, misperceptions around the value of Prevent, and the perceived requirement for a clear ideology (as opposed to susceptibility to radicalisation).

34. The Key Principles should:

- make it clear that where there is a concern that someone may be at risk of radicalisation or involvement in terrorism, they should be referred to Prevent
- articulate the most important aspects of Prevent which should underpin decision-making
- highlight that Prevent is the only support option which offers multi-agency terrorism risk management
- ensure that practitioners understand that Prevent can complement and work in partnership with other safeguarding programmes
- clarify the roles and responsibilities of frontline professionals and Prevent practitioners in decision-making

Recommendation 2: Review the 'notice, check, share' process and guidance

35. The review heard evidence that showed the 'check' aspect of the 'notice, check, share' process, is sometimes incorrectly applied. It was instead being used to discuss with local Prevent practitioners, including police, whether a case should be referred before it is formally submitted to counter terrorism policing (CTP).

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36. The review found that the guidance and explanation of 'notice, check, share' differs across GOV.UK pages, the online Prevent Awareness training and the Prevent duty guidance. The wording in some sources is unclear when explaining the purpose of the 'check' aspect. To address this, it is recommended that **Prevent reviews the 'notice, check, share process', paying particular attention to the 'check' aspect**, to ensure all training and guidance is consistent and removing any ambiguity which could lead to pre-referral triaging.

37. The evidence also suggested that there are inconsistent interpretations of the roles and responsibilities of Prevent practitioners and frontline professionals, which has led to some inappropriate 'checking' and consultation before a referral is made. This may have contributed to pre-referral triaging. To address this, **the 'Key Principles of Prevent' (Recommendation 1) should clearly and succinctly define the roles and responsibilities of all professionals applying the Prevent duty, as well as sector specific Prevent practitioners. It should focus on setting out the role of each in the referral process and decision-making**.

38. This recommendation, and the 'Key Principles of Prevent', will be reinforced by the practitioner guidance held centrally on the Prevent Policy and Guidance Repository (see Recommendation 6).

Recommendation 3.1: Improve understanding of mental ill health and neurodiversity policy in relation to radicalisation risk

39. At nearly all the thresholds (excluding Threshold 2: Counter terrorism intelligence and deconfliction) the review heard evidence suggesting that the presence of mental ill-health and/or neurodiversity were a significant factor in decision-making. This often led to referrals being delayed, not made, or not progressed.

40. Prevent is the only multi-agency early intervention programme that can assess and manage the risk of a person being radicalised. This is sometimes overlooked, with the focus being placed solely on mental ill-health and/or neurodiversity support. The review heard evidence that cases may be exited from Prevent in favour of other support services, such as mental health, not recognising that a case can be managed by both Prevent and other safeguarding services. This enables a person to get the specialist support they need while their radicalisation risk is effectively managed. Additional support mechanisms, such as ideological mentoring, can also be provided by Prevent where required.

41. Some professionals and practitioners reported considering whether a Prevent referral could contribute to a deterioration in a person's mental health, when deciding whether to submit or progress a referral. This included questioning the benefit of a Prevent referral, particularly if the person is vulnerable. People may have low confidence or a

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history of poor experiences with state services, and it has long been a criticism that approaches from counter terrorism policing (CTP)[9] can be daunting. The review noted that vulnerabilities are routinely considered in assessment and intervention, however, **it is vital that guidance and training, particularly for CT policing, is reviewed to ensure practitioners feel confident when intervening and supporting vulnerable people**.

42. In healthcare, there are concerns about a Prevent referral stigmatising certain conditions, impacting therapeutic relationships and negative perceptions of the Prevent programme. Health professionals reported a need to be able to demonstrate the positive value of a Prevent referral and sought positive case studies to support them to offset these concerns. **The Home Office and the Department for Health and Social Care (DHSC) should consider reviewing and strengthening current guidance and advice for frontline health professionals to address these concerns.**

43. The Prevent Assessment Framework (PAF), which underpins most police decisions on a Prevent referral, and its supporting guidance encourage consistency and more robust decision-making when considering factors such as mental ill-health, neurodiversity, and ideology. However, the evidence heard in this review suggests that this guidance is not always consistently applied. **Greater clarity is needed for practitioners around mental ill-health and/ or neurodiversity and radicalisation risks.**

Recommendation 3.2: Explore if additional Mental Health and Neurodiversity provision is possible

44. The capacity of mental health services was said to have a notable impact on Prevent thresholds. Shortages of mental health provision posed a challenge when treatment was an essential part of support. It was also cited as a factor in repeat referrals to Prevent. **This should be considered to ensure Prevent has a sufficient level of mental health provision available to support it**. There were also some reports that practitioners may make a Prevent referral to expedite mental health assessment or provision[10], which should be considered if policy is revised.

[9] It is not a mandatory requirement for CT police to make initial contact when a person is referred. Other professionals can reach out, on a case-by-case basis. Where cases are considered for Channel panel support, the panel can determine the most appropriate agency to make contact and seek consent.

[10] NHSE guidance states a Channel case referred into MH services must be screened and triaged by mental health providers, and the person must be seen within a week if there is a mental health need. NHS England, *Prevent Mental Health Guidance*, para. 7.2, https://www.england.nhs.uk/wp-content/uploads/2017/11/prevent-mental-health-guidance.pdf [accessed 25 April 2025]

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Recommendation 4.1: Clarify the policy and guidance on ideology, including unclear / no ideology

45. The review heard frequently that the lack of a clear ideology was a significant factor in decision-making at each threshold (although this was not tested for Threshold 2: Counter terrorism intelligence and deconfliction). This often led to referrals not being made (Threshold 1) or not progressing through the Prevent Gateway Assessment (PGA) (Threshold 3). The evidence demonstrated an overemphasis on ideology could lead to other markers for susceptibility to radicalisation being missed. There was also a misconception that the only benefit of Prevent is access to ideological interventions. **This review therefore recommends that Prevent should clarify the role of ideology in Prevent. A clear identifiable ideology is not mandatory to make or progress a Prevent referral**. This should be addressed in the Key Principles of Prevent, and any corresponding guidance.

46. Despite this challenge, many of those who participated in focus groups reported that ideology plays only a small part in assessing an individual's susceptibility to radicalisation. They confirmed that ideology is only "one of the building blocks" used in their risk assessment process. This is the correct approach. Ideology is only one of multiple considerations when assessing an individual's susceptibility to radicalisation.

47. Determining ideology is complex, it can occur in many different forms and evolve over time. This decision-making process is underpinned by both the national referral form (NRF) (available to frontline professionals for Threshold 1) and the Prevent assessment framework (PAF) (available during the Prevent gateway assessment (PGA) and Channel thresholds, 3, 4, 5 and 6). Although the PAF encourages consistency and more informed decision-making, the evidence heard suggests that its guidance is not yet being applied consistently.

48. Frontline professionals and Prevent practitioners should use the tools available to them, such as the NRF and PAF, and remember that the key consideration is whether someone *may* be on a pathway that could lead to terrorism. **Prevent should reiterate that it is not essential for frontline professionals to identify an ideology to make a referral to Prevent** (only specialist police officers are responsible for determining the category under which a referral should be recorded). These points should be highlighted in the 'Key Principles of Prevent' (Recommendation 1) and reflected in the guidance for practitioners in the Prevent repository (Recommendation 7).

Recommendation 4.2: Prevent should review the training for practitioners and frontline professionals on ideology, with a

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particular focus on "unclear" or "no ideology" and "Islamist Extremism/Terrorism".

49. As well as clarifying policy and guidance as set out in Recommendation 4.1, training should be updated to make clear the role of ideology, including where it is unclear or there is no ideology, in the referral process.

50. While the presence of a clear ideology is not necessary for making a Prevent referral, professionals submitting referrals should be able to recognise, and have a basic understanding of, ideologies if they are present. Evidence heard in the focus groups indicated that frontline professionals often do not feel confident identifying Islamist extremism concerns. A nervousness around misinterpreting or conflating strict interpretations of Islam with Islamist extremism and a fear of being seen as Islamophobic were cited in explanations. Local political and international geo-political narratives resonating in different regions and communities, and the presence of anti-Prevent groups, which are more active in some localities than others, can further compound professionals' apprehension. The evidence suggests that frontline professionals may apply a higher threshold when considering submitting referrals for Islamist extremism concerns (Threshold 1). **This review recommends reviewing the training and guidance provision for practitioners and frontline professionals on ideology, with a particular focus on unclear (or no) ideology and Islamist Extremism/Terrorism**.

Recommendation 5: Strengthen how Prevent works with safeguarding and other support services

51. The Prevent duty guidance sets out that people who are susceptible to radicalisation should be supported as they would be under other safeguarding processes. The Independent Review of Prevent[11] also highlighted that the risk of radicalisation and other forms of exploitation can intersect, and that previous research has shown that Prevent is considered most successful by practitioners when it is embedded within local safeguarding policies and partnerships.

52. The review heard evidence which suggested that cases may be exited from Prevent for other services, such as mental health support, without recognising that a case can be in Prevent as well as other safeguarding services. This fails to acknowledge that only Prevent has the remit to consider susceptibility to terrorism**. We must ensure that Prevent is featured consistently across all key safeguarding policies, training and considerations**, to remind all professionals with a responsibility for safeguarding that Prevent is a viable avenue of support where there are radicalisation concerns; radicalisation should not be looked at in isolation from other vulnerabilities. **The 'Key**

[11] https://www.gov.uk/government/publications/independent-review-of-prevents-report-and-government-response/independent-review-of-prevent-accessible

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Principles of Prevent' should be used to ensure there is a consistent message, underlining that Prevent is the only support programme with the ability to regularly assess and manage the risk from terrorism.

53. As advised in Channel duty guidance[12], there will be occasions where the assessment and support provided through Channel to people susceptible to radicalisation will run alongside other safeguarding processes. While the guidance provides advice on how to do this, this review found that it was not always clear to practitioners how Channel processes should interact. There were also concerns about effective handover processes. To give practitioners greater confidence applying the existing guidance, **this review recommends guidance is strengthened, including with case studies, to clarify how Channel can work with other established safeguarding programmes.** This should be made available on the guidance /training repository (Recommendation 7). Consideration should also be given to handover processes when someone is assessed as not suitable for Channel or no longer requires Channel support.

Recommendation 6: Strengthen local, regional and national collaboration with consistent information sharing and best practice, particularly for referral feedback

54. The review heard examples of processes established locally between the local authority and local CT Policing (CT Police) Prevent teams for sharing feedback on referrals. Formats differed by area and were partly determined by local capacity and resources.

55. **To improve collaboration between local partners, a more consistent approach to sharing referral feedback should be developed**. Having a more consistent referral feedback mechanism in place between police and those submitting referrals such as the local authority, education and health practitioners, could improve local understanding of Prevent thresholds and enable training and support to be tailored to reflect local, regional and sector complexities. This could result in higher quality referrals which assist CTP decision-making at the Prevent gateway assessment (PGA) threshold (Threshold 3). Any feedback processes need to be mindful of, and proportionate to, local risk and resourcing. Referral feedback mechanisms should not be used to triage referrals before they are submitted to CTP. Ultimately, the risk lies with CTP and only they are responsible for making Threshold 3 (PGA) and Threshold 4 (Section 36) decisions. They need to be provided with the necessary information, via the national referral form (NRF), to make these decisions.

[12] Channel duty Guidance: Protecting people susceptible to radicalisation

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56. The Home Office is currently exploring how to ensure that referrals assessed as 'not for further action' for Prevent but which require alternative support have been effectively handed over to other services. Any findings on best practice should be communicated to the wider Prevent network.

57. **Where local training and guidance is tailored by practitioners, it is essential that it still aligns with Prevent policy (set by the Home Office) and terminology**, otherwise it can create confusion, ambiguity, and inconsistency in the quality of training delivered to frontline professionals. The Key Principles of Prevent and establishing a central repository for Prevent policy and guidance should assist in reducing inconsistencies. Regional workshops and locally applicable case studies could be used to reflect local and regional complexities.

58. **The national referral form, which underpins consistent risk assessment, must be implemented in all areas**. This helps to ensure frontline professionals in all areas know what information to include in their referrals, and police get the right information to inform their decisions. This will mean decisions can be made more consistently and effectively.

59. **To encourage consistency, the Home Office and Counter Terrorism Policing Headquarters (CTPHQ) should consider joint messages when sending communications to their Prevent networks**, where possible. Where this is not appropriate, they should ensure their language and terminology is aligned to avoid confusion and inconsistencies. A Prevent training / guidance repository (Recommendation 7) will also assist by making sure all practitioners, regardless of sector, will have access to the same fundamental, core guidance.

Recommendation 7: Create a guidance / policy repository

60. All focus groups highlighted a need for a central knowledge base that allows practitioners to access the same training, guidance and the latest policy positions, regardless of organisation.

61. Practitioners expressed frustration with 'piecemeal' guidance and policy updates. Issuing ad hoc, or even routine, guidance and updates by email creates a reliance upon institutional memory, effective knowledge management and handover. It should not be assumed that a policy which has been emailed out has been learned or implemented, nor that it will be available for reference when a relevant issue emerges in future.

62. There is a plethora of documents for practitioners to assist in their Prevent roles. **These should be streamlined and made consistently available on a central repository. A central repository will ensure that the full range of the Prevent knowledge base is made available for all practitioners, regardless of organisation and agency.** It will

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ensure key messages and updates in policy and guidance are effectively communicated to stakeholders as they are implemented. This will support consistency in practice across all agencies and Prevent partners.

63. **This review also recommends that minimum operational standards are developed**. While regional variations in operations may exist to accommodate local structures, it should be made clear where operations must be consistent. For example, there should be consistent use of the national referral form.

64. It should be noted that there was no additional need identified for new guidance to be created. Instead, existing guidance and operational policy should be reviewed and streamlined, then set out clearly on the repository, so practitioners can have confidence that they are accessing the correct guidance.

65. This recommendation should be taken forward by the Home Office in collaboration with Counter Terrorism Police (CTP), Department for Education (DfE), Department for Health and Social Care (DHSC) and other relevant stakeholders. It should also take into account the devolved arrangements in Scotland and Wales.

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Part 3: Overview

66. The objectives of Prevent are to:
    - tackle the ideological causes of terrorism
    - intervene early to support people susceptible to radicalisation
    - enable people who have already engaged in terrorism to disengage and rehabilitate[13]

67. Following the Southport attack in July 2024, it emerged that the perpetrator had previously been referred to Prevent but was not considered suitable for support. This led to questions on whether Prevent thresholds for intervention were being applied correctly and whether they were appropriate to tackle current and emerging threats.

68. On 17 December 2024, the Home Secretary announced plans to strengthen the Prevent system, outlining that Prevent would conduct an end-to-end review of "its thresholds and update policy and guidance, to ensure they reflect the full range of threats we see today"[14].

69. This review, conducted from January to May 2025, examined the Prevent thresholds currently used to determine which individuals should be offered support to reduce their risk of radicalisation.

70. The review focused on specific factors which could impact decision-making, such as mental ill-health, neurodiversity, ideology (including Islamist Extremism and Extreme Right-Wing) and cases where ideology might be unclear or absent (including some, but not all, instances of violence fascinated individuals), and whether these factors affect thresholds.

71. These factors were examined at the six key decision-making points for Prevent referrals to assess whether and how they impact decision-making and referral progression within the Prevent system. The review identified seven recommendations to help ensure that Prevent support is offered to people at risk of radicalisation.

Terms of Reference

Purpose and objectives

72. The purpose of the Prevent Thresholds Review was to review thresholds for individuals being supported by Prevent to ensure it offers interventions to people susceptible to radicalisation.

73. The objectives of the review were to:

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[13]Prevent duty guidance: Guidance for specified authorities in England and Wales

[14] Written statements - Written questions, answers and statements - UK Parliament

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- understand current Prevent thresholds.
- understand whether current thresholds are appropriate for managing current risks and meeting future threats.
- identify options for possible changes to meet current risks and future threats.

Scope

74. This review considered Scotland, England and Wales. It analysed front-line delivery and engaged stakeholders from local government, education, health and policing in England and Wales. The review engaged with the Scottish Government to understand thresholds in Scotland, where delivery is devolved.

Timing and process

75. This review took place from January to May 2025. It was led by the Prevent Delivery Unit and involved reviewing legislation, examining operational guidance, and targeted consultation with stakeholders and practitioners.

Output and publication

76. This is an internal review to identify whether the Home Office needs to undertake work to amend the Prevent policies and underpinning legislation, which define the Prevent thresholds.

77. The full Prevent thresholds report will be provided to ministers and relevant government departments and agencies.

Assurance

78. Prevent Delivery Unit sought assurance on the review methodology and findings from the (interim) Independent Prevent Commissioner, key stakeholders in other Government departments, the police, and Senior Civil Servants in the Home Office.

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Methodology

Introduction

79. The review collected written and oral, qualitative and quantitative data and evidence from key delivery and strategic stakeholders, including counter terrorism policing (CT Police), Department for Education (DfE), Department for Health and Social Care (DHSC), and Local Authorities (LAs), using both existing and new analysis.

80. The methodology allowed for analysing all levels of thresholds setting and application, including reviewing legislation, examining operational guidance, and targeted consultation with key stakeholders and practitioners through focus groups and workshops.

81. The review analysed data gathered from 17 focus groups hosted with safeguarding leads and practitioners in different statutory sectors, and over 50 pieces of written evidence. The review considered evidence from England, Wales and Scotland, funded and unfunded local authorities, and a variety of roles and levels of seniority. Stakeholders at the national, regional, and local level contributed to the review.

82. To ensure effective join-up across the Prevent system, the review considered other activity, including that of the (interim) Independent Prevent Commissioner and the Independent Reviewer of Terrorism Legislation.

Focus Groups

83. The knowledge and expertise of Prevent practitioners on current and emerging risks, as well as their insight into how thresholds are applied in practice, cannot be overstated. To gather evidence from those delivering Prevent, the review conducted 17 focus groups, culminating in 25 hours of oral evidence. A wide range of sectors, geographic areas, roles, and levels of seniority were considered.

84. Each focus group was conducted for 90 minutes with around 8-10 participants attending. The focus group facilitator was supported by a topic guide to ensure consistency across all sessions. The topic guide was developed in collaboration with the Homeland Security Analysis and Insight (HSAI) team and included questions on key factors such as mental ill-health, neurodiversity, ideology (including the absence of ideology), and training and guidance. The full list of focus group questions can be found in Annex B.

85. The focus group data was coded and analysed thematically to identify themes, which were used to develop the findings of this report.

86. A privacy notice, developed in line with Home Office data protection policy, was shared with participants prior to the session.

87. By using focus groups, the review was able to gather evidence at pace while avoiding creating additional pressure on delivery networks. It also allowed key delivery partners

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to contribute to this review. Their support will be vital in implementing recommendations made in this report.

Written Evidence

88. The review gathered and analysed over 50 pieces of written evidence. The evidence included but was not limited to, legislation, legal advice, operational guidance, policy, reports, research papers and various other publications.

Consultation

89. To ensure that the recommendations of this review can be implemented at pace, key partners and stakeholders were consulted during the drafting phase. These included Department for Health and Social Care (DHSC), Counter Terrorism Policing Headquarters (CTPHQ), Department for Education (DfE), the (interim) Independent Prevent Commissioner and Senior Civil Servants in the Home Office.

Limitations

90. Whilst the review's methodology enabled a large quantity of data and evidence to be collected and analysed in a short period of time, there are limitations.

91. Focus groups primarily provide qualitative data, and with an upper limit of 10 participants per group, findings are not sufficient for quantitative analysis or drawing broad conclusions about the wider sector.

92. Additionally, collecting and examining focus group data was time intensive. The complex and sometimes contradictory nature of the data was at times challenging to analyse.

93. To mitigate limitations, a clear analytical framework was developed, with the final themes refined collaboratively by team members to reduce individual biases. In addition, findings and conclusions from focus groups were, where possible, cross referenced with written evidence or delivery leads.

94. The literature review developed from the written evidence could have been more comprehensive had there not been time constraints within which the review was working.

95. The review prioritised holding focus groups with practitioners and stakeholders who apply the Prevent thresholds, or work closely with or oversee those who do, and hence are very familiar with Prevent thresholds. If the review had additional time, further sessions with a greater variety of frontline professionals (e.g. teachers, probation officers, social workers) could have been held.

96. It should be noted that these focus groups, and the drafting of the review itself, took place in early 2025 following significant public scrutiny of Prevent and the counter-terrorism system following the Southport attacker's sentencing. Discourse across the

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Prevent system was dominated by certain themes, such as attacks with no clear motivation and referrals with no clear ideology.

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Part 4: Findings at each threshold

Introduction

97. For the purposes of this review, six key Prevent decision-making points, also known as Prevent thresholds, have been identified. This chapter outlines the key findings at each threshold. These are explored thematically in Chapter 2 of this report.

Threshold 1: Notice, check, share

98. As advised in statutory Prevent duty guidance (PDG) "frontline professionals, when deciding whether to make a referral, should consider whether they believe the person they are concerned about may be on a pathway that could lead to terrorism" and "ensure there is concern that someone may be susceptible to becoming involved in terrorism or supporting it"[15].

99. The PDG notes that "there may be times when the precise ideological driver is not clear", but it is "far better to receive referrals which turn out not to be of concern than for someone who genuinely needs support to be missed"[16].

100. Frontline professionals and practitioners applying the Prevent duty are asked to apply the same threshold for Prevent activity consistently and proportionately across all forms of extremist ideologies and radicalisation concerns.

101. Following the identification of a Prevent concern, professionals are expected to submit referrals on the National Prevent referral

Notice
Under 'notice', frontline professionals should have an awareness of the signs of radicalisation and remain alert to noticing such concerns, which may indicate a person is at risk of being radicalised and may be on a pathway that could lead to terrorism.

Check
Under 'check', frontline professionals should check their concern with the organisation or institution's Designated Safeguarding Lead (DSL) or Prevent lead [PDG]. Checking before sharing is a way for referrers to make sure they have gathered as much relevant information as possible before making a referral. Referrers are expected to be able to indicate why this risk is relevant to Prevent.

Share
Under 'share', frontline professionals are responsible for sharing any information they hold regarding a person's risk of radicalisation with the police by using the national referral form (NRF).

[15] Prevent duty guidance: Guidance for specified authorities in England and Wales

[16] Prevent duty guidance: Guidance for specified authorities in England and Wales

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form (NRF). When making an initial referral at Threshold 1, frontline professionals should apply the notice, check, share procedure.

Key findings

Pre-referral triaging

102. This review identified some inconsistencies in the application of notice, check, share, particularly the 'check' aspect. The review heard evidence which suggests some practitioners may triage cases out at the pre-referral stage[17], which may incorrectly lead to some referrals not progressing into the system at Threshold 1. This is covered in more detail in Chapter 2: Pre-referral triaging.

Mental ill-health and neurodiversity

103. In some cases where mental ill-health was a factor, frontline professionals were less likely to submit a referral despite radicalisation concerns (sometimes because they were trying to determine whether the concerning behaviours were solely related to mental ill-health). This is a form of pre-referral triaging.

Other safeguarding services

104. Evidence suggested that some professionals may try to determine the best avenue for support for a person without considering the value Prevent can add alone or in conjunction with other services. This may lead to the radicalisation concern being overlooked and unaddressed (see Chapter 5: Prevent and safeguarding).

Anti-Prevent sentiment

105. Practitioners mentioned the impact of stigma as a barrier to making a referral. The findings suggest that frontline professionals may fear making a 'wrong' referral, particularly when there is no obvious ideology. Similarly, the review found that frontline professionals are less confident making referrals related to Islamist extremism and therefore may apply a higher threshold.

Data and information sharing

106. Some health professionals indicated apprehension around sharing information for confidentiality and privacy reasons. The Prevent duty guidance states that the need to support a person susceptible to radicalisation takes priority in such cases[18]. Data protection legislation aims to ensure the sharing of personal data is done lawfully with

[17] "Pre-referral" is terminology used to refer to the stage before a referral is sent to the police for the Prevent Gateway Assessment.

[18] Prevent duty guidance: Guidance for specified authorities in England and Wales

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appropriate safeguards and must be complied with when sharing data on people susceptible to radicalisation.

Training and guidance

107. The review found that training and guidance was used and disseminated inconsistently and was sometimes outdated.

Threshold 2: Counter-terrorism intelligence assessment and deconfliction

108. Once the National referral form (NRF) has been shared with Counter Terrorism Police (CTP), the case will be deconflicted by the police Fixed Intelligence Management Units (FIMUs). The FIMU will determine whether any ongoing or linked investigations into the individual are underway and assess if the case should be flagged to Pursue[19]. If there are no active investigations into the person being referred, the case will proceed to Threshold 3, the Prevent Gateway Assessment (PGA).

Key findings

109. This review was unable to closely examine threshold setting at threshold 2. **There were some indications given that FIMU staff may need better training, and there was uncertainty around the FIMU's role in decision-making, which should be clarified.** However, the Southport Prevent Learning Review (PLR) found that at times, when FIMU staff give a recommendation to close a case at this threshold, this may influence the decisions made by Counter Terrorism Case Officers (CTCOs) at Threshold 3, leading to a case possibly being closed prematurely. It noted that 'once a case has been passed to Prevent then it is for Prevent to determine closure and not the FIMU'.[20] The Prevent Learning Review suggested that 'it should be made clear that FIMU should refrain from suggesting Prevent outcomes as this may influence decisions made by CTCOs or support closure prematurely from Prevent'.

Threshold 3: Prevent Gateway Assessment: 'Reason to Suspect'

110. At the Prevent Gateway Assessment (PGA) threshold, police use the Prevent Assessment Framework (PAF) to check for the presence of relevant factors including threat, risk and susceptibility. Counter Terrorism Police (CTP), Counter-Terrorism Case Officers (CTCOs) are asked to consider, based upon information from the referrer and

[19] The aim of Pursue is to stop terrorist attacks happening in this country or against UK interests overseas Microsoft Word - English Standard_CONTEST 2023 .

[20] Prevent learning review: Axel Muganwa Rudakubana (accessible) - GOV.UK

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police-held evidence, if they have **'reason to suspect'** the person is at risk of radicalisation.

Key findings

111. The review found that CTCOs were keen to complete this decision-making stage thoroughly and considerately. It was important to them that the right cases were progressed to Prevent and that individuals at risk of radicalisation were offered support. CTCOs saw Prevent, and Channel, as beneficial and effective programmes, but expressed concerns about both current and future capacity.

Ideology and no ideology

112. Evidence suggested that, in some cases, where ideology was not clear, CTCOs might exit the referral out of the system prematurely. The presence of ideology or no ideology was often considered inconsistently, and some CTCOs expressed uncertainty around the relevance and importance of ideology. In the focus groups, some participants asserted strongly that they believed the presence of an ideology was essential for continued progression of a Prevent case. CTCOs fed back that the definition of terrorism as stated under the Terrorism Act 2000 (TACT) which specifies that "the use or threat is made for the purpose of advancing a political, religious, racial or ideological cause"[21] was important in their decision-making. Some felt that if there was no clear ideology, then the referral would not pass this threshold. This is further explored in Chapter 4: Ideology and the absence of ideology.

Mental ill-health and neurodiversity

113. The review found that if mental ill-health was present in a case, some CTCOs were less likely to progress a referral, even when concerns regarding radicalisation were present. Sometimes this could lead to decisions to close a case prematurely, particularly if no clear and distinguishable ideology was present. This is further explored in Chapter 3: Mental health and neurodiversity.

Training and guidance

114. CTCOs reported that the training provided to them was infrequent and insufficient; instead, decision-making often relied upon their on-the-job learning. Many practitioners had taken considerable steps to build their knowledge and expertise in this area and were keen to upskill, especially in their understanding of ideology and radicalisation, where some felt they were ill-equipped.

115. Some practitioners were aware of areas where legislation, guidance and training were less clear and pointed to parts of the Prevent assessment framework (PAF) (all CTCOs must complete an assessed PAF training day before they are able to use the tool) about which they were unsure, such as the definition of 'harmful to others'. In

[21] Terrorism Act 2000

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general, practitioners were positive about the PAF as a tool to support decision-making, but less so when cases were concerned with issues such as an interest in school massacre, inceldom and violence fascination. Recent assurance analysis conducted by Counter Terrorism Assessment and Rehabilitation Centre (CT-ARC) on the PAF found that whilst there is evidence that fewer referrals without an identified ideology or cause progressed to Channel, this was consistent with historical progression rates[22].

Capacity issues

116. CTCOs expressed capacity concerns, especially following the Southport attack. Some noted that they have seen an increase in referrals that are not Prevent-relevant, such as gang and knife crime, and requested that improved guidance be provided to the frontline on where these cases should be referred.

117. Other practitioners flagged concerns that if the Prevent cohort was expanded, resulting in an increase of referrals, that could overstretch the resources of local authorities.

Threshold 4: Section 36 Decision: "Reasonable grounds to believe"

118. If a referral proceeds past Threshold 3: Prevent Gateway Assessment, information will be sought from partners such as the local authority[23]. Following this exercise, the PAF will be updated to undertake a Section 36 decision to determine if there are "reasonable grounds to believe someone may be vulnerable to being drawn into terrorism"[24].

119. Similarly to the Prevent gateway assessment (PGA), there may be several reasons for a case to exit Prevent at this stage. CTCOs may decide that the individual shows no susceptibility and signpost them to another service if needed. Where the risk of radicalisation to terrorism is considered higher, the referral may be managed in police-led partnerships or by Pursue.

Key Findings

120. The findings at Threshold 4 broadly match those identified at Threshold 3. Focus group feedback suggests that the presence of mental ill-health, the absence of a clear

[22] This analysis is based on PAF pilot data (n=136 unique referrals) from two CTP regions, for the period 1st February – 12th April 2024 and should therefore be interpreted with caution. A wider evaluation of the PAF will be conducted throughout 2025.

[23] Partners are set out in Section 37 and Schedule 7 of Counter-Terrorism and Security Act 2015

[24] Prevent duty guidance: Guidance for specified authorities in England and Wales

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ideology, misconceptions regarding the value of Prevent, and a lack of consistent training and guidance may influence how the threshold is applied.

121. Counter Terrorism Police (CTP) were keen to be able to seek advice on mental health at this stage. The Clinical Consultancy Service (CCS) supports them by providing an assessment of a person's mental health and psychological needs, which may impact on the level of risk.[25] The role of the CCS was determined to be unclear at this stage in the referral process, and some practitioners requested improved support from the CCS.

Threshold 5: Channel acceptance

122. Following a Section 36 referral, the referral will be allocated to a local Channel panel (England and Wales) or a Prevent Multi Agency Panel (Scotland). The panel will assess the case using outputs from the Prevent assessment framework (PAF), which provide an overview of a person's susceptibility to radicalisation and their risks of committing or supporting terrorism. If the panel agrees that there is a susceptibility to radicalisation which can be reduced by Channel, a decision to adopt the case will be made.

123. There are several reasons for a case to exit Prevent at this stage. Additional information may be provided that leads the panel to assess the susceptibility to radicalisation has sufficiently reduced. Alternatively, susceptibility to terrorism may have increased, prompting a move to management by police. The case may also be exited as the individual does not consent to Channel support or consent is withdrawn. The case may instead be signposted to other services, or managed in police-led partnerships or by Pursue where appropriate.

Key Findings

Feedback

124. The review found that information-sharing and feedback between Channel and Counter Terrorism Case Officers (CTCOs) can be limited if the Channel panel rejects the case. Evidence suggests that when this is the case, some CTCOs may find the lack of clarity about why a case has been rejected to be a barrier to making future decisions. The review noted disagreements among practitioners with the same role around whether to accept non-ideological cases[26].

Value of Prevent

125. Channel practitioners were confident that Channel had an important function, but felt the benefits of Prevent were often not clear to communities or the public. Some

[25] Channel duty Guidance: Protecting people susceptible to radicalisation

[26] CTCOs, RPCs, Channel Chairs, Channel QAs

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Channel practitioners reported the need to add to add to a person's support, which can be challenging when other services are already involved; for some, Channel's role may instead be focused on the ongoing assessment of CT risk.

Training and guidance

126. Channel Chairs expressed frustration at receiving regular 'piecemeal' guidance on decision-making and policy updates.

Threshold 6: Channel panel closure

127. Channel panels will decide to close a Prevent case when they consider that the person's radicalisation risk has been sufficiently reduced, this may include signposting to other support services where appropriate. Cases will also be closed to Channel if the case is no longer appropriate for Channel and has been referred to police-led partnerships or to Pursue. Decision-making at this threshold continues to be supported by the Prevent assessment framework.

128. When a case is closed, the individual is notified, and the support provided through Prevent is withdrawn. This does not affect the support that is provided through other services. A case can be brought back to panel should a radicalisation risk re-emerge. Frontline practitioners involved in supporting the case are informed and provided with advice on re-referral if necessary.

129. Channel panels are required to review closed cases at 6 and 12-months post closure (at a minimum, additional reviews may be completed). This process should be informed by "police checks, relevant service involvement, change of circumstances, current social care involvement, any concerns since case closure and contact with the initial referrer"[27]. Should concerns occur during the review, the case should be reassessed by Counter Terrorism Police.

Key findings

130. At Threshold 6, the review found that practitioners sometimes kept cases in Channel to manage the wider risk of harm to the individual or the public that remained, despite their risk of radicalisation being sufficiently reduced. Therefore, some practitioners were applying a higher threshold. This was often due to a lack of confidence in or availability of other support services.

[27] Channel duty guidance: protecting people susceptible to radicalisation (accessible) - GOV.UK

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Part 5: Findings by Theme

131. This part of the report sets out the key themes identified in the review as affecting thresholds and where improvements are needed. These are:

- Prevent's core purpose
- Pre-referral triaging
- Mental health and neurodiversity
- Ideology and the absence of ideology
- Prevent and safeguarding
- National, regional and local delivery inconsistencies
- Training and guidance

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Chapter 1 – Prevent's core purpose

Introduction

132. The most consistent finding in this review, reflected at each threshold and across the country, was a fundamental misunderstanding of the core purpose of Prevent. Prevent aims to stop people becoming terrorists or supporting terrorism. Prevent's unique function is that it is the only programme which offers multi-agency terrorism risk management and support.

Findings

133. Frontline professionals, when deciding whether to make a referral, should consider whether they believe the person they are concerned about may be on a pathway that could lead to terrorism.

134. Practitioners reported mixed knowledge of the purpose of Prevent among some frontline staff, with some not being aware of it, and cases where Prevent referrals had been made to report racism or hate crime, rather than terrorism concerns.

135. The review found that, throughout the referral process, practitioners and professionals placed too much emphasis on wider considerations. Evidence suggested that people sometimes considered what "benefit" a Prevent referral could add, rather than considering if there could be a radicalisation risk. Referrals were thus less likely to progress if it was considered that the person already had sufficient support in place, or did not need ideological interventions. However, without Prevent, a person's risk of being drawn into terrorism may not be appropriately managed. There are times when other services may be providing fully comprehensive support, and no further intervention is required from Prevent except a regular risk assessment.

136. Some reported that people with behaviours of concern may be diverted to mental health services, rather than Prevent. Practitioners also mentioned considering whether a Prevent referral could contribute to a deterioration of a vulnerable person's mental health when deciding whether to submit or progress a referral, as well as questioning the value of a Prevent referral. However, mental health services do not have a remit to manage radicalisation risk. As advised in the Prevent duty guidance, if other support mechanisms are simultaneously required or being considered, these should proceed unless there is a good reason not to do so.

137. Counter Terrorism Police (CTP) reported that Counter Terrorism Case Officers (CTCOs) have felt a responsibility to manage the risk of people with a violence fixation since the Southport attack, even when they are not considered susceptible to terrorism. Focus group participants indicated that since the attack, risk management has been prioritised over the identification of Prevent relevance, which has, in turn, led to a sharp increase in referrals in the system. In some regions this has led to an overwhelming number of referrals. This highlights the need to clarify when people should be referred to Prevent or when it is more appropriate for these individuals to be referred to

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safeguarding services. This would avoid inappropriate referrals to Prevent and reduce strain on the system.

138. This review found that it needs to be made clear that where there are concerns that someone could be on a pathway to terrorism, they should be considered by Prevent. Frontline staff do not fully recognise that Prevent is the **only multi-agency support option which will assess and manage a person's terrorism risk**.

Recommendation 1

Define the 'Key Principles of Prevent'

Decision-making should be guided by key principles and considerations of whether someone is at risk of radicalisation.

The review recommends having a single overarching product which sets out Prevent's core purpose, highlighting its role in managing risk, and making it clear that Prevent can work with safeguarding services

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Chapter 2 – Pre-referral triaging

Introduction

139. Triaging is the practice of determining if there are reasonable grounds to suspect a person is at risk of radicalisation and therefore appropriate for support through Prevent[28]. Referrals should be triaged at the Prevent Gateway Assessment (PGA) (Threshold 3), by specialist police officers and staff only.

140. Anyone making a referral should ensure there is concern that someone may be susceptible to becoming involved in terrorism or supporting it'[29]. Referrers should set out their concern in the national referral form (NRF) and submit it to Counter Terrorism Police (CTP) according to local processes.

141. As set out in Threshold 1, frontline professionals should use the notice, check, share procedure. Checking is a way for frontline professionals to make sure that they have gathered as much relevant information as possible, including all the factors that led to their concern, before passing it to CTP. Those submitting a referral are expected to indicate why their concern is relevant to Prevent. As part of 'check', frontline professionals may want to seek advice on what a Prevent referral should contain or what is relevant from their institution's designated safeguarding lead (DSL) or Prevent lead.

142. The Prevent duty guidance and Channel duty guidance both outline clear responsibilities, ownership and processes across the Prevent referral process. Where a frontline professional has a concern that someone could be at risk of radicalisation, Prevent practitioners and safeguarding leads should not be triaging this out or taking the decision not to progress the concern. This decision should be made by CTP at PGA.

Findings

Pre-referral triaging before PGA stage

143. The review found evidence of Prevent practitioners and safeguarding leads inappropriately triaging at the first threshold of the Prevent referral pathway – notice, check, share – before referrals are submitted.

[28] Channel duty Guidance: Protecting people susceptible to radicalisation

[29] Prevent duty guidance: Guidance for specified authorities in England and Wales

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144. Evidence from some focus groups suggested some confusion regarding the remit of DSLs (or equivalent), local authority Prevent leads, Regional Education Coordinators, and CTP. The review heard of instances where colleagues in these roles were providing advice on whether a referral should be made or reaching out to CTP to informally ask whether potential referrals should be made at the 'check' stage.

145. These are incorrect uses of the 'check' stage and may result in pre-referral triaging. Only CTP are responsible for determining whether a case is suitable for Prevent.

146. Not sharing concerns with CTP (pre-referral triaging) could lead to Prevent support not being offered to individuals who are at risk of radicalisation. It means that police systems, which could contain wider information relevant to a referral, are unlikely to be checked, and there will be no record of repeat concerns which could otherwise influence risk assessment.

147. The review found that, following the Southport attack, there is a lower appetite for risk among some frontline professionals which has led to an increase in referrals. There were reports of some Prevent practitioners reviewing and triaging referrals to try and prevent Counter Terrorism Case Officers from becoming overwhelmed.

148. In addition, this review found that current guidance and training on notice, check, share, is inconsistent across GOV.UK pages, with some ambiguity on triaging[30].

Education

149. The focus groups found a range of different approaches to the 'check' stage, with some evidence of pre-referral triaging in the education sector. An anecdote shared detailed that a referrer would share Prevent concerns with the Regional Lead, who would decide against making a referral to Prevent if they believed the risk could be managed "in house". This suggests that that some people may be inappropriately retaining and managing radicalisation risk.

Healthcare

150. In some healthcare settings, there was evidence that practitioners prioritise the treatment of mental health conditions over the individual's radicalisation risk, therefore triaging a patient out of Prevent by not making a Prevent referral. A reason given for an individual being triaged prior to referral was that mental health professionals are treating an acute mental health crisis or attributing radicalisation concerns to an individual's mental ill-health.

151. Further, when considering in-patient individuals, there were examples of the "check" stage being followed inconsistently, where a Safeguarding Lead made decisions that a

[30] Get help for radicalisation concerns - GOV.UK

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Prevent referral should be made **less** urgently when an individual was in-patient and **more** urgently if the patient was in the community.

Recommendation 2

Review the notice, check, share process and guidance

To address this, it is recommended that Prevent reviews the notice, check, share process, paying particular attention to the 'check' aspect, to ensure all guidance is consistent and removing any ambiguity which could lead to pre-referral triaging.

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Chapter 3 - Mental health and neurodiversity

Introduction

152. Mental ill-health and neurodivergence, while distinct, pose many similar challenges for practitioners and so are both explored in this chapter, distinguishing where appropriate.

153. Mental health and neurodiversity (MH and ND) were key areas that this review explored. Current estimates suggest that between 35-50% of Channel cases had or were suspected to have a mental health condition and / or neurodivergence[31] [32].

154. Generally, most literature has indicated that there is a complex relationship between terrorism risk and mental ill-health and neurodiversity. Neither can be stated to be a driver nor an inhibitor of radicalisation risk due to the highly complicated and individualised relationship between MH and ND and radicalisation. For example, a person's MH challenges could either reduce or exacerbate their susceptibility to radicalisation[33] [34]. Similarly, neurodivergence is a contextual factor which could be protective, or could contribute to a vulnerability or a behaviour which might make someone susceptible.

155. This poses challenges for risk assessors and other practitioners considering whether a Prevent referral is appropriate or what the support requirements may be. With the individualised nature of risk, which may be exacerbated or mitigated by other circumstances or triggers in a person's life[35], it is vital that full and regular risk assessments take place where there are concerns that someone is at risk of radicalisation.

156. When it comes to decision-making at Thresholds 3-6, the Prevent Assessment Framework (PAF) notes that "The presence of mental health, neurodiversity (including brain injury) and/or substance misuse issues are not in themselves evidence of an

[31] Prevent and Channel do not currently record statistical data on the prevalence of diagnosed or suspected mental health or neurodivergent conditions. The mental health and neurodiversity review conducted in Prevent during 2024 and 2025 has recommended that improved data recording is explored.

[32] Prevent Delivery Unit, Mental health review 2025 (CCS interview) – Internal document

[33] HSAI CONTEST Evidence Packs – Internal document

[34] DHSC radicalisation literature review – Internal document

[35] CREST analysis – Internal document

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individual becoming engaged in extremism. They may, however, make an individual more susceptible to being drawn into terrorism in combination with other factors."

Findings

157. The review found that MH and/or ND were key issues for practitioners at all thresholds. Factors that affected the progression of a referral included:

- Radicalisation risk being dismissed as "just a mental health issue"
- The individual's prior mental health history and recurring risk
- Focusing on mental health without managing CT risk leading to repeat referrals
- Practitioners questioning whether Prevent would 'add value' rather than following policy to ensure CT risk is assessed and managed
- Fear of getting it wrong and Prevent stigma
- Using Prevent to expedite access to MH and ND resources
- Circumstances where there may be persistent terrorism risk

'Just a mental health issue'

158. Evidence heard in the focus groups implied that practitioners do not apply the thresholds consistently when there are mental health concerns. Practitioners were less likely to submit a referral even when a radicalisation concern had been identified, sometimes dismissing potential radicalisation risk as 'just a mental health issue'. Counter Terrorism Police reported that there were the greatest inconsistencies when there were mental health concerns and the ideology was not clear.

Case study: Forbury gardens attack

The 2024 Prevention of Future Deaths report into the Forbury Gardens murders committed by Khairi Saadallah noted that there had been a failure by Prevent to correctly assess risk, by over emphasising mental health difficulties.

Prevent later issued advice that 'where Prevent concerns are present, these MUST NOT be dismissed or accounted for based on a person's mental health'.

159. Some frontline professionals were making decisions on whether to submit a referral based upon their attempts to understand whether a person's behaviour was being driven by a mental health condition, or by a genuine interest in a terrorist ideology.

160. This review was advised that some practitioners, particularly those working in mental health, had limited knowledge of Prevent and Channel. Some would see concerning behaviour as a mental health symptom without employing further professional curiosity. Some reported that "extremist views are dismissed as too far-fetched and therefore dismissed as delusions without recognising a real risk".

161. Such decision-making was occurring at all stages of the Prevent referral process, often before any evidence gathering or risk assessment had been conducted. The

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approach of attempting to determine whether an individual's behaviour presented a credible terrorism risk or was driven by poor mental health was also adopted by some with responsibility for advising frontline staff, such as in education. CTP officers, when deciding whether to progress a referral were similarly using such decision-making practices, sometimes without undertaking a full risk assessment [36]. The review found many indications that practitioners were seeking to use mental health services instead of Prevent, including in guidance to whole sectors[37]. However, seeing mental ill-health and radicalisation risk as a dichotomy is erroneous as mental health issues, radicalisation and CT issues **can** co-exist.

Individuals' prior mental health history and recurring risk

162. The review found that, sometimes, when a person had a history of mental-ill health, such as following a lapse in their medication, some police could dismiss potential radicalisation risk. While it may seem reasonable to consider an individual's previous behaviour, decisions should not be based on this; without a full risk assessment, wider factors which could be new or exacerbated drivers of risk must be considered.

DHSC should consider communication with health practitioners to articulate the benefits of Prevent, clarifying that a referral is not a punitive measure, does not break patient confidentiality and is complementary to patient care, resulting in more holistic support and better outcomes for individuals.

Unmanaged risk leading to repeat referrals

163. Evidence suggested that when Prevent referrals were diverted to mental health support, the CT risk may go unmanaged, which can lead to repeat referrals to Prevent. Mental health services do not have a remit to assess or manage terrorism risk, so the person may be referred back to Prevent when health practitioners recognise there may be radicalisation risk.

Persistent MH and/or ND and terrorism risk

164. It should be noted, however, that there may be people who are being supported by mental health services but who continue to present long-term low-level terrorism risk. The management of people in this cohort must be proportionate and appropriate. It may not be proportionate for Prevent to continue the long-term management of people whose radicalisation risk has sufficiently reduced to warrant their exit, as it could

[36] As well as indications given in focus groups, not all Prevent referrals were risk assessed for Khairi Saadallah, as reported in the Prevention of Future Deaths report for the Forbury Gardens murders. James Furlong, Joseph Ritchie-Bennett and David Wails: Prevention of future deaths report - Courts and Tribunals Judiciary

[37] DfE review of HE Prevent referral processes – Internal document

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impinge upon an individual's right to privacy. At present, the policy, which has been reviewed for proportionality, is for all cases closed to Prevent to have 6 and 12-month risk assessments to ensure that a person's risk has not escalated post-closure (this can be extended to 2 years if needed).

165. Hand-off arrangements for closed Channel cases are set out in the Channel duty guidance. Where a case is being closed to Prevent and where a non-CT concern still exists, the panel will designate oversight to a lead professional where ongoing support is being provided through mainstream services (including MH services), this provides continued assurance that a person can be brought back to panel attention quickly should concerns re-emerge. The panel is best placed to identify which agencies will be continuing to engage with the person beyond the point of Channel case closure and to identify a lead professional to which ongoing oversight can be designated. These arrangements can be used to ensure ongoing mental health support is in place where needed.

The value of Prevent

166. Diverting people with behaviours of concern to mental health services, rather than Prevent, may indicate that practitioners are not aware or do not fully recognise the key benefit of Prevent, **which is that it is the only multi-agency support option which will assess and manage a person's terrorism risk**. Practitioners also mentioned considering whether a Prevent referral could contribute to a deterioration of a vulnerable person's mental health when deciding whether to submit or progress a referral, particularly if the person presents with suicide risk. For vulnerable people, some practitioners question the benefit of a Prevent referral and whether it was necessary for a person's care. However, Prevent, unlike most safeguarding options, will consider the potential harm from a person as well as to them. Channel panels routinely work with other services, including education and health to manage the risk and conduct regular risk assessments. Suicide risk is an active consideration in Prevent assessments and the provision of case management interventions.

Fear of getting it wrong and Prevent stigma

167. Practitioners reported the impact of negative perceptions of Prevent and fear of 'getting it wrong'. The wider health sector was cautious that a Prevent referral may be seen as stigmatising certain conditions or could impact the therapeutic relationship. It is vital that practitioners have the training and guidance to ensure that they have confidence around when to make a referral and its benefits. At the same time, Counter Terrorism Police must ensure that its practitioners can effectively support vulnerable people.

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Recommendation 3.1

Improve understanding of mental health and neurodiversity policy in relation to radicalisation risk. Highlight Prevent's role in managing risk and make it clear that Prevent can work **alongside** established safeguarding processes

Shortage of mental health services and using Prevent to expedite access to MH and ND resources

168. Evidence suggested that the limited capacity of mental health resources has a notable impact on Prevent thresholds. (Separately, waiting lists for neurodivergence assessments reportedly impact the support available to them). The review found that sometimes practitioners made referrals to Prevent to try to expedite MH and ND support and diagnosis. While this may be well intentioned, it is not a good use of counter-terrorism resources and may impact Prevent's ability to offer proportionate, appropriate support. This gap should be considered by those seeking to create systems to respond to 'violence fascinated individuals'.

Recommendation 3.2

Explore if additional MH and ND provision is possible

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Chapter 4 - Ideology and the absence of ideology

Introduction

169. Prevent aims to stop people from becoming terrorists or supporting terrorism. The ideological component of terrorism sets it apart from other acts of serious violence[38], but counter-terrorism efforts encounter a range of personal and ideological motivations to violence. A traditional terrorist narrative may only be part of a much more complex picture.

> "A terrorist 'ideology' is a set of beliefs, principles, and objectives to which an individual or group purports to adhere and attempts to instil in others to radicalise them towards becoming terrorists or supporting terrorism. There are several concepts or 'tools' that often feature in terrorist and extremist ideologies, including: narrative, propaganda, grievances, and conspiracy theory" (source).

170. Terrorists can hold a range of personal grievances alongside the primary ideology for committing an attack. People are increasingly adopting ideas from different ideologies. This contributes to the increasing challenge of assessing the motivation behind an individual's violence and determining the most appropriate mitigations to put in place. It is possible that violent adherents to movements and subcultures could meet the threshold of terrorist intent or action.

171. One of Prevent's aims is to intervene early to support people susceptible to radicalisation. Prevent is threat agnostic to allow it to consider both 'traditional' and emerging threats, as well as wider factors which could indicate susceptibility to terrorism. Whilst the Prevent duty guidance highlights the importance of ideology in the radicalisation process, it also notes that often the ideology is not known or unclear at the point of initial referral.[39] Prevent statistics from 2023-2024 show that referrals under the category of 'Vulnerability present but no ideology or CT risk' accounted for the largest proportion of referrals (36%). For some people, it may require several sessions with an Intervention Provider (IP) before the presence of an ideology becomes clear.

172. For some, fascination with mass violence could be an early indicator that an individual is on a pathway to terrorism. Research has found interest in school massacre among convicted young terrorists. It has also found that 'school massacre' online communities often have overlapping narratives with terrorist narratives, so for Prevent, as an early intervention system, it may be an indicator of susceptibility to terrorism or

[38] Prevent duty guidance: Guidance for specified authorities in England and Wales

[39] Prevent duty guidance: Guidance for specified authorities in England and Wales

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could be accompanied by a terrorist ideology. And there are concerns that this 'fandom' itself could evolve into a terrorism ideology or meet the threshold of terrorism in future.

173. Cases which do not have a clear terrorist ideology should be considered on a case by case basis. The Prevent duty guidance advises that 'frontline professionals, when deciding whether to make a referral, should consider whether they believe the person they are concerned about may be on a pathway that could lead to terrorism'[40]. Practitioners are advised that the precise ideology may not always be clear, and, like any safeguarding mechanism, it is far better to receive referrals which turn out not to be of concern than for someone who genuinely needs support to be missed. As such, frontline professionals are not required to identify an ideology when they submit a referral. When a referral is submitted for someone who does not have a clear ideology, CT Police, when exploring whether these cases might meet the threshold to progress to Channel, should utilise the PAF to support their professional judgement on whether the person may be vulnerable to being drawn into terrorism. Channel panels will have similar considerations for whether someone may be suitable for Channel intervention, bearing in mind that, for some, it may take time and exploration before an underlying ideology may become clear or can be discounted. They should also consider whether Channel's ongoing risk assessment function is required. Where there is no reasonable belief that they could be drawn into terrorism, they would **not** be within Prevent's remit.

174. 'School massacre' interest (now recorded under 'fascination with extreme violence and mass casualty attacks') has been in scope since 2019, if there is a concern that the person is susceptible to racialisation. Referrals for 'school massacre' concerns (with no other ideology) made up 2% of Prevent referrals in the year ending March 2024[41].

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[40] Prevent duty guidance: Guidance for specified authorities in England and Wales

[41] Individuals referred to and supported through the Prevent Programme, April 2023 to March 2024 - GOV.UK

Findings

No ideology / unclear ideology

175. Practitioners reported routinely considering ideology as part of their assessments of susceptibility, and they were keen to keep their own understanding of ideology up to date. They reported thorough consideration of referrals, noting that ideology was only 'one of the building blocks', used in risk assessment. This is the correct approach. This is underpinned by both the National referral form (NRF) (available to frontline professionals) and the Prevent assessment framework (PAF) (available to Counter Terrorism Policing (CTP) and Channel practitioners from the Prevent gateway assessment (PGA) through to Channel thresholds).

> In "The classification of extreme violence used in Southport attack" the Independent Reviewer of Terrorism Legislation notes that the current definition of terrorism remains "practical and effective"[1] in that "there is no limit to the type of religion, politics, ideology etc, that might underpin a cause. There does not need to be a clear blueprint. Novel causes arise all the time (incel, environmentalism, anti-Covid). In the online era, investigators must not write off something as merely personal because it has not yet been encountered".[1]

176. Despite this, evidence gathered suggested that many have an overemphasis on identifying a clear ideology at several Prevent thresholds (Thresholds 1, 3, 4 and 5). For example, the review heard of a Prevent Education Officer advising a referrer at the "check" stage **not** to make a referral for cases where there was no ideology present as the case did not meet the "Prevent threshold" for referral. Some Counter Terrorism Case Officers (CTCOs) advised that they would not progress a referral through thresholds 3 and 4 if there was no clear, identifiable ideology. Some Channel practitioners expressed a rigid need for an ideology too. The review also found that some practitioners admitted to encouraging frontline staff to 'shoehorn' individuals into a specific ideology when making a referral. This may be related to a belief that ideology is a necessary factor for referral. Practitioners also reported concerns that there are no alternative safeguarding and monitoring systems into which to refer violence fascinated individuals, which influenced their decision-making. This suggests a potential gap in addressing such cases across the Prevent system.

177. This overemphasis on identifying a clear ideology early in the referral process may neglect consideration of wider susceptibility to radicalisation and thus may lead to suitable individuals not being offered Prevent support.

Ideology after the Southport attack

178. Despite finding that some professionals and practitioners were placing too much emphasis on ideology, CTP and Channel practitioners reported a perceived lowering and widening of the scope of Prevent, in particular from frontline professionals following

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the Southport attack. More generally, it has brought out uncertainty about whether violence-fascinated people should be in Prevent.

179. There was both a strong desire and a need for definitive advice to frontline staff and Prevent practitioners alike on the role of ideology in Prevent. Despite perceived changes in the threat landscape and the challenges faced, practitioners must continue to follow the most up to date and relevant guidance to support decision-making.

Recommendation 4.1

Prevent should clarify the policy and guidance on ideology, including unclear / no ideology.

Identifying extremist ideologies

180. While the presence of a clear ideology is not necessary for making a Prevent referral, referrers should feel empowered to recognise and understand ideologies when they are present.

181. This review received evidence that suggests that frontline professionals face barriers when considering, or making, referrals particularly on Islamist extremism. These included a lack of knowledge and confidence around Islamist extremist ideology, salient and contentious issues in the political landscape, concerns around relationships and reputations, and the impact of vocal Prevent critics.

Lack of knowledge

182. Focus groups reported a lack of confidence in distinguishing between strict interpretations of Islam and Islamist extremism. This may lead to individuals who are being drawn into extremist ideologies not receiving timely and appropriate support. The evidence also suggested that due to this lack of confidence, and the fear of being perceived as Islamophobic, frontline professionals might impose higher thresholds for referral of Islamist cases and require a higher degree of certainty that the individual is a Prevent-appropriate case. This could contribute to longer time periods before referrals are made, which in turn may delay a much-needed intervention. There were also some reports of inappropriate referrals due to a lack of knowledge. This could contribute to thresholds being applied inconsistently in different regions.

183. Some participants in frontline practitioner roles highlighted a lack of confidence in determining ideology more generally, across the ideological spectrum, which can be addressed through increased training and guidance which supports ideological understanding.

The political landscape

184. The review found that the political landscape (locally, nationally and internationally) affected referrals. Local political and international geo-political events and narratives linked to regional demographics across the UK can sometimes make Islamist extremist ideology more difficult to identify and could carry a higher rate of risk for potential

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misinterpretation. For example, there were examples (not limited to Islamist extremist concerns) where activism or keen political interest may be misinterpreted as potential radicalisation.

Reputational and relationship damage

185. In addition to a nervousness of misinterpreting Islamist extremist ideology, frontline practitioners shared that they often consider the impact a referral may have on their relationships with, and their standing in, local communities, in particular when there is scepticism towards Prevent. Many practitioners rely on close working relationships with local communities, including those in educational, health or local authority roles. In some regions, this has led to the use of different terminology for Islamist terrorism to assuage local mistrust.

Anti-Prevent lobby groups

186. Some focus group participants highlighted that some organisations aim to undermine Prevent and have influenced referral appetite in certain regions, especially in relation to Islamist extremism referrals. Participants noted that they had witnessed vocal Prevent critics reach out to members of their community who have been accepted on to Channel to question their participation in the programme.

187. This may have led to under referral of cases with Islamist extremism concerns and to a lack of trust in Prevent as a multi-agency risk management process. This review recommends restating the importance of Prevent, its key principles and its ability to support those at risk of radicalisation and prevent them from harming themselves or others.

Recommendation 4.2

Prevent should review the training provision for practitioners and frontline professionals on ideology, with a particular focus on unclear or no ideology and Islamist Extremism/Terrorism.

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Chapter 5 – Prevent and safeguarding

Introduction

188. Prevent guidance should be read alongside safeguarding guidance and sits alongside long-established professional safeguarding duties to protect people from a range of other harms, such as substance abuse, involvement in gangs, and physical and sexual exploitation[42]. A person's susceptibility to radicalisation may be linked to them having underlying vulnerabilities.

189. Specified authorities should have robust safeguarding policies in place to ensure that those at risk of radicalisation can be identified and appropriate support provided. When it comes to Prevent delivery, some specified authorities may use dedicated Prevent roles, whereas others may deliver Prevent through wider safeguarding duties[43].

190. Prevent duty guidance advises that consideration should be given to whether the person may be susceptible to radicalisation or may instead be more suitable for a different type of support or safeguarding referral. If other support mechanisms are simultaneously required or being considered, these should proceed unless there is a good reason not to do so. But it should be remembered that other support services do not have a remit to assess or manage radicalisation risk.

Findings

Prevent in safeguarding training, considerations and policies

191. Some practitioners had concerns about getting a referral 'wrong' (see MH and/or ND and ideology chapters), which influenced them to seek safeguarding support options where possible, rather than making a referral. These findings were reflected in education, health and police settings and identified at Thresholds 1, 3, 4, and 5.

192. Focus groups highlighted the need for Prevent to feature more prominently and routinely within the safeguarding space. Some health practitioners flagged that Prevent is not always considered by safeguarding professionals. Others noted that social workers and other frontline professionals may not consider Prevent if they don't recognise the benefit. The review found that professionals may not see it as necessary to add a CT perspective if other provision is already in place or if there appeared not to be a need for Channel's ideological interventions. Without Prevent involvement, a person's CT risk may not be fully or effectively considered. To ensure people receive

[42] Prevent duty guidance: Guidance for specified authorities in England and Wales

[43] Prevent duty guidance: Guidance for specified authorities in England and Wales

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the right support, it is important to reiterate to Prevent partners the need for professional curiosity and, where there are radicalisation concerns, a referral.

193. **We must ensure that Prevent is featured consistently across all key safeguarding policies, training and considerations** so that radicalisation concerns are appropriately managed and not looked at in isolation from other support options.

Improving join-up and hand over: Channel and safeguarding

194. Evidence from the focus groups also showed that some practitioners were unsure of how Channel should interact with other safeguarding services, occasionally running a risk of different processes 'trumping' each other. The right balance of support to safeguard a person may include monitoring or intervention to tackle the risk of radicalisation. Prevent can, and often should, work with other safeguarding mechanisms as part of multi-agency support to tackle vulnerabilities and susceptibilities. The review also found that sometimes Channel practitioners felt pressure to add to a person's support, which is not always necessary. There are times when other services may be providing fully comprehensive support and no further intervention is required by Prevent, except a regular risk assessment.

195. Some practitioners had concerns about whether other services were reliably offering appropriate support when a person was not considered suitable for Prevent support, either at referral stages or following Channel closure. There were various reasons for this including a lack of confidence in handover processes, the capacity of other services, or people not meeting their thresholds. **Prevent practitioners reported that some people whom they thought needed support did not meet others' criteria or thresholds. This was noted particularly when there were mental health concerns, and when there was an interest in violence but with no ideology and no reasonable belief that the person was at risk of being drawn into terrorism.**

196. The Channel duty guidance sets out hand-off arrangements for closed Channel cases, before a case is closed to Prevent and where a non-CT concern still exists. Hand-off arrangements for closed Channel cases are set out in the Channel duty guidance. Where a case is being closed to Prevent and where a non-CT concern still exists, the panel will designate oversight to a lead professional where ongoing support is being provided through mainstream services (including MH services), this provides continued assurance that a person can be brought back to panel attention quickly should concerns re-emerge. The panel is best placed to identify which agencies will be continuing to engage with the person beyond the point of Channel case closure and to identify a lead professional to which ongoing oversight can be designated These arrangements can be used to ensure ongoing mental health support is in place where needed.

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Recommendation 5

Strengthen how Prevent works with safeguarding and other support services

The evidence outlined in this chapter demonstrated that Prevent is often not considered alongside other safeguarding services. However, other support does not have a remit to address radicalisation concerns. By strengthening how Prevent works in conjunction with safeguarding services, we can ensure that comprehensive support is offered to those who need it.

To give practitioners greater confidence, this review recommends guidance is strengthened, including with case studies, to clarify how Channel can work with other established safeguarding programmes. Consideration should also be given to handover processes when someone is assessed as not suitable or no longer requiring Channel support.

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Chapter 6 – National, regional and local delivery

Introduction

197. The Prevent duty is applied by practitioners across numerous organisations and a range of sectors. Its delivery is dependent on the key departments responsible for Prevent policy being consistent in their approach. Although Prevent policy is set at the national level, it is delivered locally, where its effectiveness is reliant on strong, trusted relationships between local partners from different agencies, who work together to identify and support those susceptible to radicalisation.

198. It is essential that clear guidance, communications and examples of best practice are provided consistently, regardless of organisation or sector, to establish a single foundation for effective Prevent delivery. This foundation needs to provide a clear understanding of roles and responsibilities for frontline practitioners, as well as those in roles seen as Prevent experts.

Findings

Organisational consistencies

199. Counter-Terrorism Policing Headquarters (CTPHQ) set the national direction, operational policy and guidance for CTCOs (Counter-terrorism Case Officers) and others making decisions regarding Prevent referrals at the PGA and S.36 threshold points (Thresholds 3 and 4). The CTCO teams responsible for making these decisions are organised regionally and report into regional Counter-Terrorism Units (CTUs).

CTPHQ and regional CTP Prevent teams should agree how best to ensure delivery is consistent with, and aligned to, national policy and communicate this to all regional and local teams.

200. The review found evidence of regional variation in referral decision-making, especially for Prevent referrals with no clear ideology. There were indications that capacity and resourcing levels affected thresholds, and decision-making may be stricter where there were resource pressures. The review heard that additional assurance processes have been implemented following the Southport attack to try and reduce the risk of regional inconsistencies in decision-making.

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201. The review identified a perceived disconnect between national and regional teams. CTPHQ recognised challenges in creating consistent awareness and delivery of policies. One focus group suggested a more simplified structure could encourage greater consistency among case-working teams.

Home Office and CTPHQ should consider joint messages when sending communications to their Prevent networks where possible.

Where this is not possible or appropriate, they should ensure their language and terminology is aligned to avoid confusion and inconsistencies across organisations.

202. One focus group suggested that Home Office and CTPHQ communications and guidance were not always aligned. A particular example was given of CTP receiving guidance without Channel Chairs receiving similar guidance, despite the information being relevant to both parties.

Positive impact of local feedback mechanisms

203. In one focus group, the review heard of processes established locally between the local authority and local Counter Terrorism Police (CTP) Prevent teams for sharing feedback on referrals. The format differed by area and was partly influenced by local capacity and resources. In some areas this consisted of a regular meeting with CTP Prevent colleagues providing a snapshot of referrals which had, or had not, progressed through the PGA threshold (Threshold 3). This knowledge enabled the local authority Prevent lead to provide more comprehensive advice and guidance to local professionals, gain a clearer understanding of the risk from terrorism and radicalisation in their area, and better tailor their local Prevent training offer and target its delivery.

204. One local area noted that implementing a local feedback process had led to fewer, but higher quality, referrals. Without a feedback mechanism in place, local authority Prevent leads may only be aware of the referrals which progress to Channel, as Prevent referrals are usually submitted directly to CTP Prevent teams. Another local area said although they received a high number of referrals only a very small number made it to Channel; they did not understand why such a large number did not progress, especially those with mental health or neurodivergence concerns. They expressed concern about individuals they felt still posed residual risk and whether this would be managed by the agency the case was 'handed off' to.

205. Having better, more consistent referral feedback mechanisms in place between CTP and those submitting referrals such as the local authority, education and health practitioners, could improve local understanding of Prevent thresholds and enable training and support to be tailored to reflect local, regional and sector complexities. This could result in higher quality referrals which assist CTP decision-making at the Prevent gateway assessment (PGA) threshold (Threshold 3). It may also encourage better join

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up with other services in local authorities if their Prevent teams are made aware of the types of concern received and the other services they may require.

National decision-making tools

206. The review found that the national referral form (NRF), which is used by practitioners to share concerns, is not used consistently across all local authorities and, as a result, the quality of referrals can be lower which can affect referral decision-making. In areas where the NRF either is not used, or is poorly completed, it can result in Counter Terrorism Case Officers (CTCOs) spending more time contacting the initial referrer to request additional information before a Prevent gateway assessment (PGA) (Threshold 3) decision can be made. It can also affect consistency as comparable information may not be provided. The NRF was designed to align with and support the Prevent assessment framework (PAF) and is an important tool to help CTCOs get the information they need.

Recommendation 6

Strengthen local, regional and national collaboration with consistent information sharing and best practice, particularly for referral feedback.

To improve collaboration between local partners, a more consistent approach to referral feedback should be developed, which encourages consistent best practice but also enables Prevent training and support to be tailored to the local area.

CTPHQ and the different regional CT Units should consider how delivery can be consistently aligned with national guidance and policy. It is important that this is congruent with Home Office policy. The national referral form, which underpins consistent risk assessment and decision-making, should be implemented in all areas.

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Chapter 7 - Training and guidance

Introduction

207. Those bound by the Prevent duty are expected to ensure relevant staff, including contractors, have appropriate training on Prevent. While this training may differ depending on a person's role, it should be accessed at the earliest opportunity and ensure they are adequately equipped for their role. Accessing the correct training and guidance is crucial for understanding and making decisions on whether a person might meet the threshold for referral to Prevent or to be considered for support.

Findings

Irregular training and guidance

208. Channel Chairs and practitioners reported a high level of training, with several products as part of a standardised training offer being mentioned. Many had a desire to see better training among frontline staff and partners, particularly for mental health and neurodiversity.

209. Practitioners participating in the focus groups frequently flagged a need for more training or guidance on a range of topics, general and sector specific, but particularly on new and evolving threats. For the Prevent practitioners who may be responsible for delivering Prevent training to frontline professionals it is essential they have an up-to-date understanding of threats and how Prevent should respond to them.

210. In Counter Terrorism Police (CTP), most reported that training was inconsistent and heavily reliant upon on-the-job learning. Formal training was, for many, infrequently offered. Many undertake self-initiated training, and demonstrated a strong appetite to be formally upskilled, particularly on radicalisation processes and terrorism ideologies. CTP took their knowledge and expertise seriously, but many felt that they had not been effectively equipped for their roles, especially as decision-makers. Mandatory training on the Prevent Assessment Framework (PAF) was a positive development although there were some aspects of it, particularly on definitions, which they felt required further clarity.

Fast changing landscape

211. Feedback from focus groups highlighted that a wide variety of training and guidance is accessed by Prevent practitioners to support referral decision-making and heard that it is sometimes piecemeal, unclear to follow and, at times, contradictory.

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212. For many, it was not clear which guidance should be followed. The review heard evidence that different sectors and organisations often had their own Prevent guidance which may not be updated as the threat landscape and/or central government policy evolves. This inevitably leads to inconsistency in delivery of the policy. There were also examples given of practitioners using guidance intended for others and which was not appropriate for their role – with some examples indicating inappropriate triaging.

213. The review found repeated evidence of the use of outdated guidance concerning no / unclear ideology and violence fascinated individuals following the Southport attack. Training and guidance on these topics were often misunderstood or missing, suggesting that greater clarity and more effective dissemination is needed, including for Immigration Enforcement. One practitioner said that their regions were uncertain about the policy approach on certain threats and instead often relied on their own professional judgement for referral decisions. This may have led to inconsistent Prevent thresholds across different sectors and/or regions.

214. Policy updates or clarifications in response to current issues or emerging threats are mostly distributed by emails from the Home Office or Counter Terrorism Police (CTP). These rely upon effective information management at a local level, including handover of information when there is staff turnover. This approach was described as 'piecemeal', and does not promote consistent, confident or embedded understanding. For example, many practitioners were unaware of key policy updates which were issued in 2019, and which have since frequently been referenced in emails. Bearing in mind potential high staff turnover and limited organisational memory, the reliance upon digesting and retaining the content of these emails was a concern.

215. The review heard that frontline professionals are aware that the threat from terrorism is enduring and evolving, but were not confident that they had access to up-to-date guidance to meet this changing threat landscape. It is vital that there is definitive guidance readily available to practitioners to support their decision-making.

Positive impact of locally tailored training and guidance

216. Some frontline professionals in the focus groups noted that training tailored to their local area and risk was most useful. Conversely, another focus group cautioned that where entirely tailored packages are developed by local Prevent practitioners, this can cause confusion for frontline professionals if they differ from current Prevent policy or terminology communicated by the Home Office or are not regularly updated.

217. Where local training and guidance is tailored, it is essential that it aligns with the current Prevent policy (set by the Home Office) and terminology, otherwise it can create more confusion, and therefore inconsistency, in the quality of training delivered to frontline professionals.

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Recommendation 7

The Home Office should establish an easy-to-access training and guidance repository for practitioners with the latest, up-to-date, accurate training and guidance.

One single point for updated training and guidance will ensure consistent decisions, geographically, and across thresholds. Establishing a single repository for Prevent guidance will mean all Prevent practitioners will have the same baseline of training and guidance, reducing inconsistencies across different regions and thresholds. Local Prevent practitioners, such as local authority Prevent leads, can supplement these with locally applicable case studies informed via local referral feedback processes or via regional workshops to reflect local and regional complexities, whilst still ensuring the underlying guidance and messages are communicated consistently.

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Part 6: Conclusion

218. This review set out to understand Prevent thresholds, assess whether they are appropriate for managing current and future threat and identify options for possible changes. **The evidence considered suggests that existing Prevent thresholds are appropriate in addressing current and future threats, but are applied inconsistently.** Prevent is threat agonistic and can accommodate emerging threats. Its aim, to stop people from becoming terrorists or supporting terrorism, and its objective to intervene early to support people susceptible to radicalisation, are broad enough to be able to offer support to the right people, as determined by professional judgement, when underpinned by the right tools. Therefore, this review does not recommend any significant changes to Prevent thresholds, rather it makes recommendations aimed at ensuring that thresholds are clearer and more consistent. The review's recommendations concentrate on supporting practitioners in applying the thresholds and ensuring they have the confidence, tools, guidance, and understanding to know when and how to use professional judgement.

219. This review has noted the observations of the Independent Reviewer of Terrorism Legislation who has concluded that the terrorism definition remains fit for purpose and is adaptable to future threats as the landscape evolves.

220. The review found that practitioners' decision-making was not always consistent with the purpose of Prevent to stop people from becoming terrorists or supporting terrorism. Practitioners must remember that Prevent is the only early intervention programme with a remit to assess and manage the risk of radicalisation. Misconceptions around the role of ideology impacted decision-making, with some practitioners over-focusing on a clear ideology. Mental health, neurodivergence or the involvement of other safeguarding services affected decision-making; practitioners may question what value Prevent adds, or whether behaviour was being driven by another factor, rather than considering whether a person may be on a pathway which could lead to terrorism. The review addresses this in Recommendation 1: Key principles of Prevent.

221. The review found that many different guidance and training products were being used by professionals and practitioners. These were not always up-to-date or appropriate for their role. It is essential that clear guidance and communications are provided consistently, regardless of organisation or sector, to establish a common foundation for effective Prevent delivery. This review cautions against creating additional guidance and training and instead suggests focus on reviewing and streamlining existing materials. These should be communicated more effectively. By establishing a Prevent 'repository' for Prevent practitioners, Prevent can encourage consistent, effective decisions. The review addresses these concerns in Recommendation 1: Key principles of Prevent, Recommendation 2: Reviewing the

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notice, check, share process and guidance, and Recommendation 7: Training and guidance repository.

222. One of the most prominent factors affecting the application of thresholds at all stages was the role of mental health and / or neurodiversity. Practitioners were not always aware that Prevent can run alongside mental health processes and did not always recognise Prevent's role where safeguarding systems were already in place. A person may have both mental ill-health and radicalisation risk, and these should not be treated as mutually exclusive. Mental ill-health, radicalisation and CT issues **can** co-exist, (and for some, they may exacerbate each other). Mental ill-health should be considered only as a factor in an individual's life, alongside other highly personalised factors which may affect risk positively or negatively. This issue is addressed in Recommendation 3.1: Improve understanding of mental health and neurodiversity policy in relation to radicalisation risk.

223. This review identified an over-emphasis on ideology amongst both Prevent frontline staff and Prevent practitioners. Ideology, whilst an important consideration, should not be considered a prerequisite for a referral to Prevent. Where there is a concern that a person might be drawn into terrorism, no matter the ideology, whether clear or unclear, a referral should be submitted. This review has recommended emphasising the importance of considering risk of radicalisation, which, on a case by case basis, could include those interested in school massacres or where violence is targeted at other settings or individuals, not based on a specific ideological motivation. These cases are currently recorded in Prevent systems under 'fascination with extreme violence or mass casualty attacks'. As articulated in the Prevent duty guidance, it is far "better to receive referrals which turn out not to be of concern than for someone who genuinely needs support to be missed" [44]. Practitioners, when making decisions on whether to progress these cases, should use professional judgement, underpinned by the PAF, to consider whether a person may be susceptible to terrorism. This is addressed in Recommendation 4.1: Prevent should, reiterate and clarify the role of ideology in the referral process in the Key Principles of Prevent.

224. However, there remains a gap for individuals who may have an interest in violence or violent subcultures but do not have any ideological motivation and are not considered to be at risk of radicalisation. Many of these people would not be considered susceptible, or on a pathway to terrorism and would therefore not be Prevent relevant. As noted in the Prevent duty guidance (PDG), referrers should use professional judgement and curiosity, ensure their Prevent training is up to date and use the National Referral Form to articulate any concerns that someone may be at risk of being drawn into terrorism. If Prevent were to be expanded to accept these individuals, who have an interest in violence but who are not susceptible to

[44]Prevent duty guidance: Guidance for specified authorities in England and Wales

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radicalisation, the programme would need time and resources to embed new capabilities, clarify new thresholds and build capacity. Any possible impact should be carefully considered and investigated by the Home Office.

225. Practitioners were keen to better understand how vulnerable individuals, who are not offered Prevent support, would be supported by other programmes. Prevent should further consider what can be done in this area; current pilots may inform this work.

226. Evidence suggested that referrers were not always confident in making Islamist extremism referrals. Referrers should feel empowered to recognise and understand ideologies when they are present. This is addressed in Recommendation 4.2 Prevent should review the training and guidance provision for practitioners and frontline professionals on ideology, with a particular focus on unclear or no ideology and Islamist Extremism/Terrorism.

227. The review found that Prevent does not feature prominently enough within the safeguarding space. This has led to Prevent not being consistently considered alongside safeguarding processes. It has also resulted in safeguarding professionals not making Prevent referrals if they do not recognise a particular added benefit. These issues are addressed in Recommendation 5: Strengthen how Prevent works with safeguarding and other support services.

228. The review heard evidence which demonstrated the benefit of local referral feedback mechanisms and how these can enable local authority Prevent leads to provide more comprehensive advice and guidance to local practitioners. This is considered in Recommendation 6: Improve collaboration between local partners, a more consistent approach to referral feedback should be considered, which enables Prevent training and support to be tailored to the local area.

229. The knowledge and expertise of frontline professionals and Prevent practitioners on current and emerging risks, as well as their insight into how the thresholds are applied in practice, cannot be understated. We acknowledge with appreciation the dedication of our partners in delivering Prevent. Practitioners demonstrated dedication and passion; we are grateful to them for their day-to-day work, often in the face of significant challenges. We recognise that the strains and pressures upon them are currently particularly acute and so their time was more valuable than ever. Their frank and earnest contributions were vital to this report and were given in the spirit of ensuring that Prevent can be as effective as possible. This review and its recommendations will, it is hoped, facilitate these intentions.

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Part 7: Annexes

Annex A: Acronyms and glossary

Channel duty guidance: Guidance for members of a panel and partners of local panels in England and Wales on the duties under sections 36 and 38 Counter Terrorism and Security Act 2015 and the provision of support for people at risk of radicalisation.

Counter Terrorism and Security Act 2015 (CTSA 2015)

Counter Terrorism Case Officers (CTCOs)

Counter Terrorism Policing / Police (CT Police / CTP): In this review it usually refers to frontline officers, such as Counter Terrorism Case Officers.

Counter Terrorism Policing Headquarters (CTPHQ) - the centre of the CTP network devising CTP policy and strategy and coordinating national projects and programmes.

Extreme Right-Wing Terrorism (ERWT) - Describes those involved in Extreme Right-Wing activity who use violence in furtherance of their ideology. These ideologies can be broadly characterised as Cultural Nationalism, White Nationalism and White Supremacism. Individuals and groups may subscribe to ideological tenets and ideas from more than one category.

Frontline professional - a person who is likely to engage with people who may be susceptible to radicalisation in an organisation subject to the Prevent duty. They may have safeguarding responsibilities.

Ideology - A terrorist 'ideology' is a set of beliefs, principles, and objectives to which an individual or group purports to adhere and attempts to instil in others to radicalise them towards becoming terrorists or supporting terrorism. There are several concepts or 'tools' that often feature in terrorist and extremist ideologies, including: narrative, propaganda, grievances, and conspiracy theory.

Islamist terrorism - Is the threat or use of violence as a means to establish a strict interpretation of an Islamic society. For some this is a political ideology which envisions, for example, the creation of a global Islamic caliphate based on strict implementation of shari'ah law. Many adherents believe that violence (or jihad as they conceive it) is not only a necessary strategic tool to achieve their aims, but an individual's religious duty. In the UK the Islamist terrorist threat comes overwhelmingly from those inspired by, but not necessarily affiliated with, Daesh and/or al-Qa'ida, but they operate within a wider landscape of radicalising influences as set out in the government's response to the Independent Review of Prevent. Islamist should not be interpreted as a reference to individuals who follow the religion of Islam.

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National referral form (NRF) – form used by those under the Prevent duty in specified authorities, such as teachers or social workers, to make Prevent referrals.

Prevent assessment framework (PAF) – Framework which provide an overview of a person's susceptibility to radicalisation, and their risk of committing or supporting terrorism, from the Prevent gateway assessment stage and throughout their time on Channel

Prevent duty guidance (PDG) – Statutory guidance for sectors under the Prevent duty, last issued in 2023 (or 2024 in Scotland)

Prevent gateway assessment (PGA) - draws upon police databases and other resources to determine the level of susceptibility and risk around the referred person, and whether they are appropriate for Prevent.

Prevent practitioner: a person that delivers Prevent as part of their role e.g. a local-authority Prevent Lead, Prevent Coordinator, Prevent Education Officer

Police-Led Partnerships (PLP) - Police led partnerships cover the management of people, groups or institutions that are not suitable for Channel, but which have identified Prevent-relevant issues requiring support or mitigation. Police led partnerships are led by police but working in partnership with other agencies, and employ many of the same type of approaches used within the multi-agency processes of Channel. Therefore, some of the options taken will likely be considered in consultation with partner agencies.

Radicalisation - Is the process of a person legitimising support for, or use of, terrorist violence.

Threshold - A threshold, in the context of this review, is a point where a decision is made on whether a Prevent referral should be made or progressed.

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Annex B: List of Focus Groups and Questions

1. You are all [position title], what is your role in decision-making regarding Prevent referrals?

2. What decisions, if any, do you have to make on Prevent?

3. What training and guidance regarding thresholds do you use to inform your decisions?

4. How, if at all, does mental ill health AND/OR neurodiversity affect whether somebody might make or progress a Prevent referral?

5. When thinking of mental ill health AND/OR neurodiversity, what might make somebody less confident in making a Prevent referral?

6. When thinking of mental ill health AND/OR neurodiversity, what other factors, if any, impact decision-making in your area?

7. In your role and area, how, if at all, do different ideologies affect Prevent decision-making?

8. When thinking of different ideologies, what, if anything, might make somebody unsure about making or progressing a Prevent referral?

9. How, if at all, does the absence of ideology or uncertainty about the ideology affect whether a Prevent referral is made or progressed?

Focus groups:

Department for Education

- Regional Coordinators
- Prevent Education Officers (PEOs)
- Designated Safeguarding Leads (DSLs)

Counter-Terrorism Policing

- Counter Terrorism Case Officers (CTCOs)
- Regional Prevent Coordinators (RPCs)
- CTP Headquarters (CTPHQ)

Department for Health and Social Care

- Safeguarding Leads
- Regional Safeguarding Leads (RSLs)

Local Authorities

- Prevent Leads
- Channel Chairs (two focus groups)

Home Office

- Channel QA Leads
- Prevent Advisers

Scotland

- Four focus groups with police, PMAP and Local Authorities

10. When thinking of the absence of ideology or uncertainty about the ideology, what, if anything, might make somebody unsure about making or progressing a Prevent referral?

11. Are there any other factors affecting decision-making in your area that you would want HSG Prevent to know about?

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